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ABSTRACT

The School Development Program (SDP), initiated 25 years ago by Dr. James Comer, is described, with focus on the need for knowledge about its child development component and the implications of this lack for program implementation and impact. The SDP program is recognized for its primary focus on child development and human relationships as its intellectual core; it suggests that improvements in teaching and learning will follow from more productive social relations. It is composed of a Mental Health Team (MHT), a School Planning and Management Team (SPMT), and a Parent Program (PP). Two sources of data are examined in this analysis of the facilitators and the MHT and SPMT staff: evaluation material from two middle schools in New Haven (Connecticut) in the 1986-1987 school year and evaluation of the SDP in Hartford (Connecticut) from April 1991 to May 1993. In the evaluation of the SDP in New Haven, the facilitator was observed attending consistently to the process side of the reform with little emphasis on the child development knowledge component. The Hartford evaluation confirmed the conclusions drawn in New Haven. It is suggested that the fundamental design flaw in the SDP is that the participants attempted to implement a program without access to the underlying knowledge base of child development research and theory, without any idea of what programs based on this research would look like, and without the initial and ongoing training and support that could give them access to this knowledge and skill. (NAV)

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TEACHER LEARNING IN THE CONTEXT OF THE SDP: WHAT ARE THE OPPORTUNITIES? WHAT IS THE CONTEXT?[2]

Barbara Neufeld

INTRODUCTION

The School Development Program (SDP), initiated 25 years ago by Dr. James Comer of the Yale Child Study Center, is now a familiar part of the school reform landscape. It is an unusual school improvement effort, first, because of its longevity—sustained by Dr. Comer—and, second, because of its primary focus on child development and human relationships as its intellectual core.

What Is the SDP?[3]

The SDP is a restructuring effort that begins with the premise that "all children have the potential to succeed if their basic needs are met, and they are challenged to do their best" (Haynes and Comer 1993, p. 167). It argues that the personal relations between children and school adults that accompany teaching and learning are the heart of the educational enterprise and the major source of academic failure especially in schools with poor and minority children. Therefore, the first point of entry in this school improvement effort is to increase adults' knowledge of child development and social/cultural variations. The SDP's hypothesis is that improvements in teaching and learning will follow from more productive social relations. In this respect, the SDP is different from reform programs that, for example, suggest that curriculum or pedagogy or school structures are at the heart of teaching and learning difficulties and must be addressed first if schools are to improve.

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[2]This paper was presented at the annual meeting of the American Education Research Association in April 1995, at San Francisco.

Funding for this study was provided by the Hartford Foundation for Public Giving, Hartford, Connecticut, and the National Center for Research on Teacher Learning which is funded by the Office of Educational Research and Improvement, U.S. Department of Education.

[3]This program description was taken from Neufeld and La Bue 1994, pp. 1-4.

Putting the SDP ideas into practice involves creating a School Planning and Management Team (SPMT), a Mental Health Team (MHT), and a Parent Program (PP) in each participating school. As program developers and researchers describe these structures:

> The primary responsibility of the SPMT is the development of a Comprehensive School Plan, or school improvement plan with input from the entire school community. The plan specified the school's overall objectives and specific goals for improving the school climate, providing staff development opportunities, enhancing academic performance, and developing a public relations and community relations program. In each of these areas, the plan details the implementation strategies and actions the SPMT believes will attain the goals set for the school.
>
> [With respect to the MHT] First, *prevention* is a major focus. The MHT is expected to recommend policy changes to prevent behavior problems in the school and to create an environment of orderliness, mutual respect, and success. Second, the MHT is responsible for seeing that *child development* and principles of *interpersonal relationship* are embodied in the goals of the school and for assisting the entire school staff to understand and act on the basis of such knowledge . . . The third activity for which MHT members are responsible is the *implementation of any parts of the school plan that concern them.*
>
> The PP uses the existing PTA, PTO, or PTSA as the basis of a more comprehensive parent participation program . . . A primary function of the PP is to conceive and plan social events that will improve school climate and bring less involved parents into the school . . . Communication among the three teams is vital for Comer, and to this end members of the MHT and PP serve on the SPMT, agendas and programs are circulated between teams, and a sense of interdependence is deliberately conveyed (Anson et al. 1991, pp. 60-64).

Operating within these mechanisms, the SPMT, MHT, and PP use a set of principles that establish a "no fault" approach to decision making, consensus as the basis on which to move forward, and an understanding that the teams' actions cannot "paralyze" the principal or anyone else. Although the formal structures are essential, the SDP cannot succeed if it rests solely on the shoulders of a few principals, teachers, and

parents who staff the teams. Success requires the active support of all school personnel, parents, and students (Haynes and Comer 1993, p. 168).

The SDP assumes that changes in organization that realign relationships and focus attention on prevention at the school level can lead to "an ethos of caring and spirit of community and family within the school" (Haynes and Comer 1993, p. 174). These characteristics are deemed essential for improving children's social and academic development.

The SDP has gained wide attention across the country. Yet despite endurance, local accolades, and growing national interest, the program poses dilemmas for those who want to understand and, perhaps, adopt it. When one looks at the structures and processes it puts in place—schoolwide decision-making teams of teachers, support staff, and administrators—it appears organizationally similar to many other school reform and restructuring programs. The program puts the principals and teachers in more collaborative roles and relations than they traditionally held; it creates teams of teachers, parents, administrators, and other school staffs who take over many of the leadership and governance functions of the school; it is a bundle of structures and processes. So, ask some observers, What is different about the SDP?

The difference between the SDP and most other restructuring efforts is found in the set of ideas about child development that undergird the SDP's structures and processes and which should inform the work that goes on within them. Most restructuring reforms operate on the assumption that the organization and governance of school is fundamentally the problem that is preventing teachers from being more effective and children from learning at higher levels. As a result, these reforms focus on changing roles, power relationships, and responsibilities. The SDP agrees that the formal structure of the school and the formal arrangements in which adults interact are important. But it differs from these other approaches in holding that changing structure and process is not enough. The SDP says that structural changes, unless they are accompanied by and grounded in ideas about child development and relationships, will miss the main factors that lead to poor student achievement. These ideas are put together in a framework called "The Developmental Pathways."[4]

Observers of the SDP— and even participants in it—however, may not be able to locate this hallmark feature of the SDP. What they see are the structures and processes. That view leads them to ask again: If there is a content that distinguishes the program, what is that content and where is it?

Our work with the SDP in both New Haven and Hartford reveals that observers cannot find this significant component of the SDP—the content and meaning of the underlying ideas about child development and relationships—because often it remains unarticulated and largely unknown to the key members of the teams who are working to implement the program. This paper focuses on the absence of knowledge about the child development component of the SDP and its implications for program implementation and impact. The paper addresses the questions: What does the SDP want teachers and others to know in order to attend appropriately to the social, emotional, and academic environment for children? What opportunities does the SDP provide for them to gain this knowledge? And what are the program's assumptions about how people learn to transform such knowledge into practice as gleaned from the learning opportunities provided during training?

Data Base for the Analysis

This paper draws on two sources of data for the analysis. The first and smaller data set comes from an evaluation of SDP implementation in two middle schools in New Haven during the 1986-1987 school year. During that academic year, we collected data by (1) interviewing SDP program staff (which includes the school site facilitator) at the Child Study Center, (2) attending staff meetings at the Child Study Center, (3) observing initial school faculty meetings at which Dr. Comer spoke about the program, (4) observing key structures such as the School Planning and Management Team (SPMT) and Mental Health Team (MHT) meetings, (5) interviewing key team members including

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[4]For a complete understanding of "The Developmental Pathways," see, for example, Corbin and Richardson (a and b) and Corbin. These training modules, according to Richardson, have been developed and put into training use during the last two and one-half years. They were not part of the training for participants in the Hartford SDP implementation.

the principals and assistant principals, and (6) attending planning retreats for both middle schools.[5]

The second and much larger data base comes from our evaluation of the SDP in Hartford. Between April 1991 and May 1993, we completed 140 interviews with school-site personnel, observed 39 MHT and SPMT meetings, completed 10 formal and numerous informal interviews with the facilitator, attended 4 meetings of SDP principals with the superintendent, and interviewed the superintendent and other key central office administrators and SDP personnel from New Haven. We also read pertinent documents during these implementation years.[6]

In order to explore teachers' opportunities to learn the foundational knowledge on which the SDP is based, this analysis focuses attention on the facilitators of the project and on the members of the SPMTs and MHTs. The facilitators are essential educators for the team members; therefore, we want to explore their opportunities to learn the underlying concepts of the SDP in order to understand what knowledge and skill they could provide to teachers and others on the teams. We focus attention on the team members because they are the individuals who have had access to the greatest amount of training, and they are the individuals most engaged in the SDP implementation. Thus, if there is an opportunity for teachers to learn about and then use the child development knowledge underlying the SDP, the facilitator is the person likely to provide that knowledge, and the team members are those most likely to be aware of it. We begin this exploration with a discussion of SDP implementation in two middle schools in New Haven and with a discussion of the learning opportunities provided to some of the key facilitators working in New Haven in the mid-1980s.

Learning From the New Haven Implementation

In our evaluation of SDP implementation in New Haven, we noted that the program's initial emphasis was on creating the structures and set of working relationships among the adults in the schools. The emphasis was on creating activities within the

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[5]The description of the data collection plan was taken from Neufeld and Farrar 1987.

[6]For a complete description of the evaluation design, see Neufeld and La Bue 1994, Appendix B.

schools so that teachers and others could see some outcomes from the teams' work. The facilitator's role was to teach team members how to work together collaboratively in a set of relationships that did not previously characterize their school's organization. Throughout the year, we observed the facilitator attending to the process side of the reform. We neither saw nor heard anything about the child development knowledge component of the program. For example, early in the school year, the facilitator described himself as:[7]

> . . . the process component consultant, an organizational development consultant [who] helps the principals examine their schools and plan an agenda and have a process that makes things happen.

We have many examples that demonstrate this emphasis. At an October 1986 MHT meeting, the facilitator commented:

> It's my job to help you structure. You need to follow a classic problem-solving approach. Pick one area, say academics [facilitator going to the chalkboard]. Identify a series of problems. Then prioritize and identify corresponding elements in staff development, social development, and public relations. First, you establish mission objectives, then draw up an action plan, and later there's an evaluation. So, for example, if the problem is introducing the language arts program, then part of the action plan might be workshops for teachers. You have to do it systematically, or you won't get anything done.

In June, comments again focused on process:

> I like the collective spirit, energy, and commitment of the SPMT. I'm sure it will soon rub off on all members of the community. You are making real progress. You have a very strong and committed principal who listens to people. This is very important.

At the end-of-year retreat, the facilitator pointed out that he was in the school to help the principal and the school in implementing the Comer model. He described his role and that of the program as follows:

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[7]All of the quotes and analysis concerning the New Haven study are taken from Neufeld and Farrar 1987.

> As a social worker, you try to empower people to solve their own problems. Comer's job is to empower the whole school, not to give instructions. You should be working together as a team, setting tasks and establishing a process. This isn't like the 1930s when the principal was the most educated person in the school and some teachers didn't even have college degrees. Now, you generate solutions collectively, without taking away the leadership of the principal. He has every bit of responsibility, every bit of it. But he becomes better if he shares that responsibility.

Dr. Comer considered this attention to process essential for implementing the structural and content dimensions of the program because:

> [It's] how the teachers interact and the kind of spirit and climate that gets created to make these things happen. That, more than anything else, is what I believe is important. When they have a problem, they begin brainstorming about solutions together in a cooperative fashion. That's the solution (Interview, J. Comer, 1/13/87).

This analysis by Dr. Comer speaks of the process as if it were also content: it sounds as though brainstorming and cooperation as activities are of value and that they will result in something that is better for adults and/or children. There is no suggestion that the brainstorming and cooperation need to be informed by any specialized kind of knowledge, or that team members might lack the knowledge that would lead them to decisions that benefit children.

Despite the SDP rationale for attending to process, we continued to think that the addition of content to the process would enable the teams to make better decisions. We wondered when the child development knowledge would come into play, what it would include, and how it would be used to inform and, perhaps, transform practices. When we raised the question, Dr. Comer responded by talking about the "staged" feature of implementation. He said:

> Where we are is putting in place the machinery that will allow the process, the more programmatic aspects of the project, now to take place. In other words, [team members] were not functioning as an SPMT should according to the plan that we want in [place]. Now, they are getting there. [There was] a lot of distrust, uncertainty, reluctance on the part of the principals. All of that stuff is being dealt with . . . [and] likely to come along very well. At that point, it then makes it possible to begin to think about

> specific program objectives and then relate those to child development relationship issues (Interview, J. Comer, 1/13/87).

Because our evaluation lasted only one year, we assumed that we would have seen the infusion and impact of the child development knowledge and we would have understood what that knowledge included had we been around for a longer period of time.

Training the New Haven Facilitators

We did learn, during this evaluation, how Dr. Comer trained his New Haven facilitators, and we saw some examples of the kind of knowledge and skill he wanted them to develop. By observing staff meetings and interviewing the facilitators, we learned that their training was largely an apprenticeship accompanied by frequent coaching. The two facilitators with whom we had the most contact were former principals in the New Haven schools who had been granted multiyear leaves to work at the Child Study Center with Dr. Comer. They had continuing access to Dr. Comer, discussing with him the progress of implementation in each of the sites, going over alternative strategies, and hearing his ideas about what might be going on in the sites and what they might consider in making decisions about how to proceed. At the end of that study, we concluded:

> The program director teaches his facilitators and other program staff the content of the program as well as how to implement it in the schools. In the SDP, this teaching appears to occur in an indirect manner, in reaction to events that are on-going in the schools. For example, after attending a presentation for (non-middle school) teachers by an outside agency, the program director asked that school's facilitator whether he had prepared, that is "primed," the teachers for what they would hear at the session. When the facilitator said "No," Dr. Comer responded that it was lucky that they happened to have been receptive, but that in general such a group ought to be "primed" for the kind of talk they were going to hear. This method of instruction, which is based on applying the program's ideas to particular situations as they occur, seems central to the development of program facilitators' knowledge and skill (Neufeld and Farrar 1987, p. 19).

It was clear that this approach to training facilitators and assisting them in their work with the schools would be impossible to replicate at other sites that did not have ongoing access to Dr. Comer or to someone else with his knowledge, skill, and clinical expertise.

By observing some training sessions for "out-of-town" sites, we learned that the SDP was implementing a turnkey operation to train facilitators at these sites. New Haven facilitators, trained by Dr. Comer, assisted in the training of "out-of-town" facilitators. These newly trained facilitators would have some contact with the New Haven facilitators through site visits and telephone conversations, but they would not have the kind of ongoing communication and coaching available to facilitators in the original site. We noted this design feature because it had, in our opinion, the potential for reducing what the next cohort of facilitators would know and know how to do. With hindsight, it is clear that even the New Haven facilitator, because he was attending to issues of structure and process at the school sites he was facilitating, did not have the opportunity to learn about implementing the child development component of the SDP.

We concluded, in that report, that the SDP's essence is to be found in its intellectual content, its management strategies as they are construed and implemented at the district and school level, and in the connection between the content and the strategies. We also concluded that while the program director, Dr. Comer, could describe the intellectual content of the program, he had barely begun to articulate either (a) how he and his staff transform that content into practices, or (b) how they engage teachers, principals, parents, and other school staff in learning the content and then transforming it into practice. We finished the New Haven evaluation unclear about (1) what the child development knowledge was that the SDP wanted to have used in schools, or how it was to be learned, and (2) how facilitators and team members would develop the clinical judgement that seemed essential to full program implementation. When we had the opportunity to evaluate the SDP in Hartford, we looked forward to gaining knowledge about this key feature of the program. Our multiyear experience evaluating the Hartford SDP did not shed much light on this issue.[8]

[8]We know from conversations with the current program director, Dr. Ed Joyner, and with Lystra Richardson that the SDP has recently begun developing a curriculum that addresses the content and other aspects of the program as well as new approaches to training people who will implement the program. This curriculum and training was not available to Hartford participants.

IMPLEMENTATION IN HARTFORD: OPPORTUNITIES TO LEARN

The evaluation of the SDP in Hartford focused on answering a set of nine questions, none of which was directly about teachers' and others' opportunities to learn the content of the program. The evaluation focused on the implementation of the components of the SDP, the strengths and weakness of the process over time, and the impact on how people interacted over time. One of the evaluation questions, however, asked about how well participants were trained for their work. It was in addressing that question that, once again, we learned that some of the underlying ideas of the SDP were not made available to those implementing the program.

As we mentioned earlier, we focused on team members because these participants had the greatest opportunity to be trained, to become immersed in the SDP, and to understand its content, strategies, and goals. We learned that in Hartford, as in New Haven, the SDP participants were, for the most part, unaware of the child development knowledge undergirding the program, and, therefore, were not drawing on it to make decisions. Team members knew that on the teams and in their classrooms they were supposed to ask the question, "Is this good for children?" when making program and/or teaching decisions. But, because they did not know what child development knowledge was to inform their answers to the question, they relied on trying to do a better job using their extant knowledge. Since what they had been doing was not sufficiently effective, participating in the SDP still left teachers and other team members in a weak position with respect to making changes that would be more beneficial to children.

Indeed, the SDP continued to operate on the assumption that teachers (and other members of the school staff) already had the knowledge they needed and would bring it to awareness through participation in the process. This conclusion was supported in conversations with Jim Boger, a long-time facilitator for the SDP, and with Ed Joyner, then a facilitator with the SDP and now its director. It was also supported when we reviewed our earlier interviews with Dr. Comer and some of his writing. We came to realize that the SDP assumes that the process will provide access to the content and that the process can become the content.

> Mechanisms have been developed to incorporate child development, rearing, and relationship knowledge, skills and sensitivity into staff behavior and program activities almost without their conscious awareness that is taking place . . . (Comer 1986, p. 4)

> You use strategies for not emphasizing the negative. You emphasize what kind of school you want to have, not the negatives. The SPMT generates attitudes that pervade the school. Those who may resist initially may come around later. It's the changed attitude and ways of working that make a difference. They make more of a difference than the specific content of what's done. (Interview, J. Comer, 3/16/87).

Our observations and analyses, however, suggest that the participants (even those on the MHT who were more aware of child development theory because of their training) did not have the knowledge they needed and that the process could not generate the requisite knowledge. The result of providing too little opportunity for participants to learn the child development base—and the meaning underlying the process—was a considerable amount of frustration and stalled progress on the SPMTs and MHTs.[9]

Training the Hartford Facilitator and Team Members

By the time that Hartford began its participation in the SDP, the program had developed a training program for facilitators that, according to the Hartford facilitator, took place in New Haven and included an initial three-week intensive component and an intensive two-week follow-up. Team member training also took place in New Haven and lasted for several days. Both the facilitator and the team members had vivid and positive memories of various aspects of the training.

The facilitator talked about being one of only three people being trained by the four key program personnel: Dr. Comer, Jim Boger, Ed Joyner, and Norris Haynes. The first three weeks of training, she reported, focused attention on relationships, clarifying the facilitators' own ideologies about education, their own biases, philosophies, and belief systems. The second part of the training focused on child development, human and organizational relationships, and, for example, the isolation of people within schools and between schools and the communities. Facilitator training also provided information and

[9]For a detailed description of the MHTs and SPMTs in Hartford, see Neufeld and La Bue 1994.

some role playing on how to run effective meetings, provide conflict resolution, and give and receive feedback. In truth, the training covered a great many topics, and the Hartford facilitator reported that it was more useful than anything she had experienced in her administrative training at the university.

There is no question that the training included a great deal of worthwhile content and some meaningful activities. Nonetheless, its design did not include opportunities for the facilitator to use what she was learning in the schools that were implementing the program and then get feedback on her implementation of the facilitator role. The facilitator had access to the New Haven facilitators; she did not have access to the coaching and apprenticeship learning that was available in New Haven. When she began her work with the teams, she was not completely on her own, but she was, to a great extent, translating what she had learned in the training into practices without the watchful eye of a more seasoned facilitator.

We observed the facilitator at team meetings and also as she led a whole-day workshop for all teams. While she was knowledgeable about the developmental pathways, her major emphasis was on process at the beginning of the implementation (as it was in New Haven). From time to time, she reminded team members about the importance of using child development knowledge. She urged them to think about the underlying causes of misbehavior, for example, before seeking solutions to its manifestation. But, as we observed in New Haven, during the first year of the SDP, the emphasis remained on process. During the second year of implementation, the rapid expansion of the facilitator's role took her out of close contact with the teams we were observing.[10] In New Haven, the facilitator learned over a long period of time and in close contact with Dr. Comer in an ongoing apprenticeship and coaching relationship. The Hartford facilitator had an intensive, up-front, three-week training experience without the coaching opportunity from which she could learn the clinical practice of facilitation.[11]

Team members were also trained in New Haven and described their key learning opportunities as embedded in hearing an address by Dr. Comer, visiting Comer schools,

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[10]For a complete description and analysis of the facilitator role, see Neufeld and La Bue 1994.

[11]We want to emphasize that the facilitator was quite competent in her work. Our purpose is to point out the limits of her opportunities to learn.

hearing a panel of SDP participants, and discussing how they might use the SDP in their schools. What did they experience and learn in New Haven? Many of the participants reported that they were *inspired* by what they saw in New Haven. For some, the inspiration came from seeing that what they were doing in their schools was "right in line" with what they saw in the New Haven middle school they visited. The team that they observed reminded them of the committees that they worked on in Hartford. They felt more committed to the SDP because they saw it taking them in directions they were already going. Others were heartened by Dr. Comer's words and saw more clearly the importance of understanding children and their circumstances. Still others were impressed with the organization of the team meetings they observed, with the attention to follow-up on issues that had been raised in the previous meetings, with the participation of many different people in the discussions, and with the attention to the time-keeping aspects of the meetings. The process seemed efficient. Many participants enjoyed the opportunity to be together with their colleagues for several days. None of the participants whom we interviewed could tell us about the child development component of the model, however. They might mention the Developmental Pathways as an idea, but they could not elaborate on its content or utility.

When we considered the form and content of the training that the participants described, we wondered what they had learned that would help them implement the model. They had seen adults and children engaged in activity, but what meaning did participants attach to the activity? What could they glean from observing processes without knowing the purposes and goals of the processes? The Hartford participants did not seem to leave the training with a set of questions, for example, that they could ask themselves as they were considering options for children. They did not seem to have insight into the meaning behind the activities that they had observed in New Haven. Training increased their involvement and commitment; it is not clear that it contributed greatly to their knowledge and skill about how to implement the model. Interviews revealed that participants in the training were not sure of what they had learned; some were still not sure what the SDP was and how it would lead to improved student learning. One participant was particularly eloquent in describing the shortcomings of the training. She said:

> . . . when we went to the Jackie Robinson School, and when we observed the Mental Health Team in action, it appeared to be like a glorified staff meeting, and we were kind of confused. When we questioned the principal, he told us that the way their Mental Health Team is functioning how is different from the way it functioned five years ago when it first started. [For example,] as people would talk, people were saying, "Oh the father and son potluck dinner will be held on March 24th." They were talking about things like that, and I come to find out the reason they're doing that is they're proactively planning to prevent a lot of the things that had occurred five years ago. Well, that's [from the training]. Everything else, when we would go to a school, we didn't even know what we were going there to see. They took us to a music class and we saw some kids sitting down and they were singing. They sang two songs. and then everybody clapped and then we left. So we didn't really know what we were supposed to be seeing. What was there about this class that was singing that let us know that the Comer process had taken place? Or we went to this self-contained special [education] classroom and the teacher was telling us how every week the kids do a different letter. Basically, she was talking about the alpha-phonic program . . . And then she was telling us how one of the kids goes to a regular classroom and takes reading. So we really weren't sure what we were even supposed to be knowing when we listened to that. It just would have been more meaningful if we had known what it is we were supposed to see.

This example and others like it led us to wonder about how the SDP construed the training activities as opportunities to learn. Recall Dr. Comer's reminder to the New Haven facilitator, noted earlier, to "prime" teachers so that they would be ready for a presentation. Put in other terms, Comer was suggesting that the teachers needed some scaffolding in order to make the best use of the presentation. Hartford participants in the training experience were not primed, they had no scaffolding to assist them as learners, and, as a result, they did not know what they were supposed to learn from the experience, and they could not learn it. An MHT meeting without a new framework through which to analyze its actions looks like a "glorified staff meeting." A classroom of singing children looks like any classroom of singing children. The message that teachers came away with was that schools could be orderly and look like the storybook image of a school even if they were in the inner city. That was encouraging to teachers and others; it did not, however, provide them with a set of knowledge and skills that could help them transform their schools into better places for children.

So far, the evidence about the absence of key opportunities to learn comes from the training component of the SDP. Other evidence comes from observations of SPMT meetings in particular and from comments of key participants as they considered what they had learned that might help them move forward with implementation. With respect to the SPMT meetings, there is no evidence from the meetings we attended that any information based on child development theory was informing the decisions that teams made. We looked carefully at the development of the Comprehensive School Plans (CSP) in our focus schools, attempting to understand how the teams were considering school activities and practices in light of the SDP's guiding assumptions. What we learned was that the CSP enabled team members to find a place for all activities that had been ongoing in the school. We wrote that the process of creating the CSP "did not lead to serious considerations of the value of the activities . . . and the extent to which they were worth maintaining." We noted that, "The SDP identifies the areas which comprise 'comprehensiveness'—academics, social activities, public relations, and staff development—but it does not provide criteria by which SPMT members can judge the value or quality of the work they are doing in each of these areas with respect to issues of child development" (Neufeld and La Bue 1994, pp. 40-41). As a result, teachers reorganize what were the ongoing activities of the school in light of the categories described in the CSP. They do this with all good intentions, but the result is uninformed by the kind of knowledge base that the SDP wants to undergird such important decisions.

Problems in knowledge arise also because the SDP does not pay explicit attention to issues of teaching and learning academic content and how they might be connected to the knowledge base of the SDP. Teachers do not have a framework or set of questions with which to consider the potential value of current or alternative teaching strategies in light of child development content. They report that formal program training provided little opportunity for them to consider these issues.

With respect to the comments of key individuals, the principal of one school, a strong supporter of the SDP, was not sure why she was having so much trouble figuring out how to construct her role within the program. She reported being confused about what she was to do with respect to developing and maintaining her leadership position while enabling the team to have more authority. When asked what she would do

differently were she to begin implementation over again, she reported that she would likely make the same mistakes again because she never knew what she was supposed to be paying attention to during implementation the first time around. Another principal tried to explain the developmental pathways in an interview. She knew that she was supposed to know what they were and reported that she wanted to use them to benefit children. But she did not really understand what they were or how they might be useful. As she put it, "I would love to focus on the developmental pathways. What are they?"

It is important to remember that these comments about the absence of program-based knowledge are being reported by participants who were supportive of the program and had participated in most of the training that was available to them. They had spent a great deal of time and energy implementing the structures of the model—the MHT and the SPMT—but working on the structures and processes had not revealed to them the content of the model or even the finer points of the process.

CONCLUSION

The SDP is based on a set of ideas that can be translated into practice through the workings of structural entities—the MHT and SPMT. In order to use the structures and processes in the service of either new or extant knowledge, however, participants need to know what the set of ideas is and how it might be connected to the structures and processes. And they have to know how to put the ideas and the processes into practice. In Hartford, we saw willing, hard-working team members attempt to implement a program without access to the underlying knowledge base of child development research and theory, without any idea of what programs based on this research would look like, and without the initial and ongoing training and support that could give them access to the knowledge and skill. In our view, this is fundamentally a design flaw in the learning opportunities provided for the facilitator and, in turn, the members of the MHTs and SPMTs.

Since our work in New Haven, we have known that Dr. Comer was puzzled about how to present the process and content of the SDP and about how to explain the connections between the ideas and their implementation so that they would be clear and useful to others. The traditional approach, a "handbook" or "do-it-yourself" guide to

effective practices, seemed to oversimplify a sophisticated set of strategies. Discussions in SDP staff meetings about the necessity of developing a handbook revealed the inherent tension between wanting to explain the key features of the program and fearing to oversimplify or falsely codify a complex process, by doing so. This is assuredly a genuine problem. It is puzzling to figure out how to convey, along with a thorough understanding of the guiding intellectual framework of the program, the clinical knowledge, skills, and dispositions essential to the task. But without a way to educate others, implementation outside of New Haven will be a pale shadow of the original program for those who are attempting to implement it and for the children who deserve to benefit from it.

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